

Application for Employment



The City of Cabot is committed to the policy of equal opportunity in its personnel and employment practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, national origin, age, disability, or any other basis protected by applicable Federal or State Law.

PERSONAL DATA

Date _____ Telephone () _____

Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Previous Address _____

Previous Address _____

Other last names used while employed, if any: _____

In case of emergency, notify: _____ Telephone () _____

Are you 18 years or older? ☐ Yes ☐ No

If you are applying for a position requiring the use of an automobile, do you have a drivers license and motor vehicle available for your use? ☐ Yes ☐ No

Are you presently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Why do you want to change employers? _____

Have you previously applied or been employed by the City of Cabot under your present name or any other name?

- ☐ Applied
☐ Employed
☐ Neither

Indicate name used when applied or employed: _____

POSITION HELD OR APPLIED FOR	LOCATION	DATE APPLIED	If previously employed by the City or its affiliates, complete this section also		
			DATE HIRED	DATE LEFT	REASON FOR LEAVING

List anyone you know employed by the City of Cabot.

Who? First/Last Name	Position	Location	Relationship
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Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled or expunged or sealed by a court? ☐ Yes ☐ No

Are there any felony charges presently pending against you? ☐ Yes ☐ No

If you answered yes to either of the above questions, describe: _____

Note: Conviction or pending felony charges will not necessarily disqualify an applicant.

EMPLOYMENT DESIRED

Position _____ ☐ Regular Full Time ☐ Part Time

Other position you would consider _____ Date Available _____ Salary Expected _____

Will you work overtime on occasion if necessary? ☐ Yes ☐ No

Will you work any shift? ☐ Yes ☐ No

Do you have obligations which would affect working as scheduled? ☐ Yes ☐ No

MILITARY

Were you in the U.S. Military Service? ☐ Yes ☐ No If yes, which branch _____

Dates of service _____ Rating or rank achieved _____

Special training received _____ Did you receive an honorable discharge? ☐ Yes ☐ No

EDUCATION

Institution	No. of Years Attended	Course of Study	Diploma or Degree(s) Acquired
High School			
College			
Other Training			

Computers, equipment, or software you can operate that releases to the position for which you are being considered

EMPLOYMENT HISTORY (Start with most recent position)

1. Employer _____ Address _____

Type of Business _____ Position/Title _____ Phone _____

Primary Responsibilities _____

From _____ to _____ Starting Salary _____ Ending Salary _____ Supervisor's Name _____

Reasons for Leaving _____

2. Employer _____ Address _____

Type of Business _____ Position/Title _____ Phone _____

Primary Responsibilities _____

From _____ to _____ Starting Salary _____ Ending Salary _____ Supervisor's Name _____

Reasons for Leaving _____

3. Employer _____ Address _____

Type of Business _____ Position/Title _____ Phone _____

Primary Responsibilities _____

From _____ to _____ Starting Salary _____ Ending Salary _____ Supervisor's Name _____

Reasons for Leaving _____

4. Employer _____ Address _____

Type of Business _____ Position/Title _____ Phone _____

Primary Responsibilities _____

From _____ to _____ Starting Salary _____ Ending Salary _____ Supervisor's Name _____

Reasons for Leaving _____

5. Other positions and periods of employment

Employer	Primary Responsibilities	From	To	Salary	Reason for leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REFERENCES (List two - Do not list relatives)

1. Full Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

2. Full Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

FOR OFFICE APPLICANTS ONLY:

INDICATE BY CHECK (✓) WHETHER YOU HAVE HAD TRAINING OR EXPERIENCE OR BOTH AND THE YEARS OF EACH IN THE FOLLOWING SKILLS OF LINES OF WORK:

SKILL OR WORK	◆	TRAINING	EXPERIENCE	SKILL OR WORK	◆	TRAINING	EXPERIENCE
		YEARS	YEARS			YEARS	YEARS
TYPING <small>words/min.</small>							
10 KEY ADDER <small>strokes/min.</small>							
OR CALCULATOR							
DATA ENTRY <small>strokes/min.</small>							
KEY PUNCH							
WORD PROCESSOR							
SOFTWARE							

Indicate any other office, supervisory or related training or experience you have had: _____

FOR DRIVER APPLICANTS ONLY: (All items must be completed)

LIST ALL UNEXPIRED PERSONAL & COMMERCIAL MOTOR VEHICLE OPERATORS LICENSES OR PERMITS

LICENSE NO.	STATE	DATE ISSUED	DATE EXPIRES	TYPE (Pers., Comm., Doubles, etc.)

HAD YOU EVER HAD EITHER YOUR PERSONAL & COMMERCIAL MOTOR VEHICLE OPERATORS LICENSE, PERMIT, OR PRIVILEGE DENIED, REVOKED OR SUSPENDED? ☐ Yes ☐ No IF YES, COMPLETE BELOW:

DENIED	REVOKED	SUSPENDED	TYPE OF LICENSE	DATE	STATE	FOR HOW LONG	REASON

HAVE YOU BEEN CONVICTED OR FOREITED BOND OR COLLATERAL FOR VIOLATION OF MOTOR VEHICLE LAWS OR ORDINANCES (other than parking) DURING THE PAST FOUR(4) YEARS FROM THE DATE OF THIS APPLICATION? ☐ Yes ☐ No IF YES, LIST THOSE VIOLATIONS BELOW:

DATE	NATURE OF VIOLATION	STATE	PENALTY	POINTS

HAVE YOU HAD ANY COMMERCIAL MOTOR VEHICLE ACCIDENTS? ☐ Yes ☐ No LIST BELOW ALL ACCIDENTS YOU HAVE HAD WHILE OPERATING ANY TYPE OF MOTOR VEHICLE DURING THE PAST FIVE (5) YEARS:

DATE	NATURE OF ACCIDENT	TYPE OF VEHICLE	WHERE On/Off Road	TICKET ISSUED	TO WHOM

READ CAREFULLY BEFORE SIGNING

The facts set forth above are true and complete. I certify that I am genuinely interested in working in the position for which I am applying and I am making this application for no other purpose. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the City to obtain information concerning my general reputation, character, credit history, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that employment is contingent upon this investigation and, if employed, false statements in this application as well as misrepresentations or omissions of information shall be considered cause for dismissal. I understand and agree that if, in the opinion of the City, the results of the investigation are unsatisfactory, that an offer of employment that has been made be withdrawn or my employment with the City may be terminated.

I further understand that the City may require a medical examination by a City-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate City personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I understand that if I am disabled and need accommodation, I must notify the City in writing of the need for accommodation within a reasonable time after the date I knew or reasonably should have known the need for accommodation. I further understand that failure to timely notify the City of a need for accommodation may result in the loss of legal rights.

I agree to refrain from smoking in the building and all other designated no-smoking areas. I agree that I will not disclose or authorize disclosure during or after my employment of confidential information (in the event that I have access to employee social security numbers, medical, or other sensitive information, etc.) related to the City.

I agree that this application is not an offer of employment. I agree that if I am employed by the City (1) that my employment is "at-will" and may be terminated at any time, with or without notice and with or without cause or reason, at the option of either the City or myself; (2) that, if hired, I will receive wages and become eligible for benefits. I would, therefore, be subject to any laws, rules and regulations concerning wages, benefits, employment, understanding that any such regulations may be subject to change by the City at any time with or without notice; (3) that my assigned work hours may be modified by the City and, if requested, I may be required to work overtime;

(4) that this constitutes the entire agreement between the City and myself in the event I am hired, and that any and all prior agreements are null and void, No documents published by the City, either before or after this agreement can be modified by any oral and written representations made by anyone employed by the City, except that modifications may be made, in writing, signed by me and the Mayor.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the city, in accordance with Arkansas Code Ann. 11-3-204, such as: date and duration of employment; current pay rate and wage history; job description and duties; last written performance evaluation prepared prior to the date of the request; attendance information; results of drug or alcohol tests administered within 1 year prior to the request; threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee; whether I was voluntarily or involuntarily separated from employment and the reasons for separation; and whether I am eligible for rehire. I understand this consent is valid throughout the active period of this application, but in no event longer than six months.

I have read, understand and agree to the above statements and conditions of employment.

Print Name _____

Signature _____

Date _____

Applying for: _____

Date: _____

EEO and Recruiting Source Information Form

This form may be completed by the applicant to be considered for Any position of employment with the City of Cabot. The Information on this form may be voluntarily provided to assist the City of Cabot in tracking applicant information and assisting With recruiting efforts. Any information will not be used in the Selection process.

DO NOT PROVIDE ANY IDENTIFYING INFORMATION ON THIS FORM (Name, Date of Birth, Social Security Number, etc. Should not be placed anywhere on this form).

Thank you for assisting us with tracking this information.

Gender: _____ Male
 _____ Female

Race: _____ Black (non-Hispanic)
 _____ White (non-Hispanic)
 _____ American Indian/Alaskan Native
 _____ Hispanic
 _____ Asian/Pacific Islander

How did you learn about this job opening?

_____ Newspaper advertisement
_____ Friend or relative currently employed
 by the City of Cabot
_____ Professional/Trade Publication
_____ City of Cabot web site
_____ Phone Inquiry
_____ Other: _____